

WEST BRUNSWICK TROJANS



BOY'S BASKETBALL SUMMER CAMP JUNE 20, 21, 22 6-8 P.M.

Application

Camper's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ 2011/12 Grade: _____ School: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Parent/Guardian: _____

Emergency Contact: _____

Emergency Number: _____

Signature: _____

Shirt Size (Please Circle) YL AS AM AL AXL

Please Enclose a Check For: \$30.00

Make Checks Payable To: WBHS Men's Basketball

****Checks Must Include: Name, Address, Phone Number, and Driver's License Number****

Coach Eric Davis: 550 Whiteville Rd. Shallotte, NC 28470

PARENTAL PERMISSION

The undersigned hereby acknowledges that participation in this camp and related activities involves an inherent risk of physical injury, and the undersigned, on behalf of the registrant, hereby release and forever discharge the camp and all the employees and agents thereof from any and all liability of whatever kind of nature, arising from and by reason any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from the registrant's participation in or involvement with this camp, including any failure of equipment or defects in the premises. I hereby state that I am the legal guardian of said child.

Camper's Name: _____

Parent/Guardian Signature: _____

Insurance Company: _____

Policy Number: _____

Information Contact: Coach Eric Davis

www.edavis@bcswan.net



**For Rising
3rd-8th
Grade Boys**



**All Campers
Receive a
T-Shirt**



**Learn
Basic Skills
Fun Activities
&
Great Contests!**



\$30.00